

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039999

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9917

FILED OCT 29 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE b. COUNTYc. CITY
OR
TOWN **St. Louis**Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **6508 Parkwood Pl**Inside Limits
Yes ☐ No ☐d. STREET ADDRESS (If outside, give location)
6508 Parkwood Pl.Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Charlotte

Middle

Bergmann

Last

4. DATE
OF
DEATH

Month

Day

Year

Oct. 14, 19625. SEX
Female6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
10/27/059. AGE (last birthday)
56IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
St. Louis, Mo.12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Charles Murray

13b. MOTHER'S MAIDEN NAME

Elizabeth H. Weinheimer

14. NAME OF HUSBAND OR WIFE

William J. Bergmann15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Wm. Bergmann 6508 Parkwood Pl.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic Heart DiseaseINTERVAL BETWEEN
ONSET AND DEATH**1 yr.**Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Hypertension**5 yrs.**

DUE TO (c)

744 XPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **9-4-57** to **10-14-62** and last saw her alive on **10-13-62**
Death occurred at **11⁰⁰** P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Andrew B. Klein, M.D.

22b. ADDRESS

4632 So Grand Blvd

22c. DATE SIGNED

10-15-6223a. BURIAL, CREMATION,
REMOVAL (Specify)
Removal

23b. DATE

10/18/62

23c. NAME OF CEMETERY OR CREMATORY

Sunset

23d. LOCATION (City, town, or county)

St. Louis Co.

(State)

Mo.24. FUNERAL DIRECTOR
Edw. Fendler 5611 So. Grand

25. DATE RECD. BY LOCAL REG.

OCT 17 1962

26. REGISTRAR'S SIGNATURE

Joan Smith, M.D.USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leo J. Buane

Licensed Embalmer No. 3989

P. O. Address St. Louis Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.